



Letter to the Editor

In defense of defensive forensic medicine



Sir,

Defensive medicine comes into play when health professional conducts tests or procedures with a concern over liability, rather than its need. It's highly emphasized by Dr Alan Woodward, Vice Chairman of committee on Professional liability of Massachusetts Medical Society (MMS). He further estimates that more than 80% of doctors across the country are engaged in defensive medicine¹ introducing "the fear factor in care cost".²

To be fair the defensive forensic medicine cannot be equated completely with the practice of defensive medicine in clinical setting. In the latter case the entire exercise of subjecting the patient to tests and procedures is only to protect the flanks of the doctor from perceived litigation and ill-conceived liability. The patient stands the least to gain from that maneuver.

The authors contend that defensive forensic medicine may not be considered as regressive, costly and immoral. On the contrary it should be embraced as a progressive attempt to embody the defense of diagnosis reached by the autopsy surgeon or clinical forensic expert after rigorous application of mind, bodily material and convergence of lawful need. Some times additional measures to rule out "zebras", i.e., unusual conditions unrelated to the problem at hand may be instated best illustrated by a case of battered to death of an eighty years old woman after robbery. The autopsy surgeon's love of "defense" revealed that the woman was raped. Under normal circumstances, considering the advanced age of the woman and the crime scene offering all indications of violence and restraint of an elderly woman would be enough to wrap-up the case as that of robbery and ensuing violence. It is the exploratory virtue of defensive forensic medicine that rendered the revelation of additional information of sexual assault which would have otherwise gone unnoticed. The vaginal material established the identity of the suspect and led to the successful conviction of the accused.

Defensive forensic medicine is anchored on the trinity of hope, suspicion and resistance – hope of the doctor to reach a final and viable diagnosis to stand in the court of law, suspicion of the prosecution, and resistance by the defense. Hence by practicing defensive forensic medicine it would be the endeavor to protect the autopsy surgeon's/clinical forensic expert's liability, to strengthen the deceased's silent voice for justice, and may be of the suspect as well, and to raise the level of information provided to the court of law to form a reasonably consolidated corpus of opinion.

Come to think of it the practitioners of forensic medicine are exposed to allegations, counter claims and litigations more than other practitioners of medicine simply because they form a broad

interface with the law. No matter how well construct the good intentions may be the sunk-cost fallacy shadows their professional life throughout their career.

Crusading defensive forensic medicine is like balancing the trigonal tryst with three destinies – that of the doctor, the deceased and the accused in the dock (the 3 Ds).

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